

**FEC  
FORM 3**

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

15 JUL 17 PM 4:16  
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Greg Sowards For Senate LLC

ADDRESS (number and street)

2916 Maese Ln

Check if different  
than previously  
reported. (ACC)

Las Cruces

NM

88007

2. **FEC IDENTIFICATION NUMBER ▼**

C C00448423

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORT

X

NEW  
(N)

OR

AMENDED  
(A)

NM

00

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

X

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the  
State of

(c) 30-Day **POST**-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the  
State of

5. Covering Period M 01 M 01 2015 through M 03 D 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MELODIE JOHNSON

Signature of Treasurer MELODIE JOHNSON

Date

07 15 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
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Only

**FEC FORM 3**  
(Revised 02/2003)